WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 24808

Township ..... Primary Registration District No. 1003 Registered No. 6218

City St Louis (No. Mo Baptist Hospital St. ..... Ward)

2. FULL NAME Frances Elser

(a) Residence, No. 6421 Myrtle Ave St., 14 Ward. St Louis Co Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank Elser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 26, 1885

7. AGE: YEARS 47 | MONTHS 3 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri

FATHER

13. NAME: Frank Schubert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Germany

MOTHER

15. MAIDEN NAME: Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Germany

17. INFORMANT (ADDRESS): Mr. Frank Elser 6421 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hiram Cemetery DATE July 18, 1933

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc 5961 Easton Ave

20. FILED JUL 17 1933, 19 J F Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1933, to July 15, 1933
I last saw her alive on July 15, 1933. Death is said to have occurred on the date stated above, at 7.30 P. m.
The principal cause of death and related causes of importance were as follows:

Diabetis Coma — Date of onset July 4/33
type not determined
59
15 IA

Other contributory causes of importance:
Carbuncle back of Neck — July 4/33

Name of operation No Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Chester A. Poe, M. D.
(Address) 1506 Hodiamont Ave